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The state of the s				
STATEMENT OF CONFECTION (X1 PROVIDER/SU AND PLAN OF CONFECTION IDENTIFICATION	PPLIER/CLIA (X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY	
DENTIFICATION	IDENTIFICATION NUMBER: A. BUILDING: 01		COMPLETED	
1 1191	HAL085002 B. WING		03/11/2015	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY,	STATE, ZIP CODE		
MOUNTAIN CARE FACILITIES	183 GRAGGVILLE RO			
THE TACILLIES	BOONE, NC 28807			
(X4) (D SUMMARY STATEMENT OF DEFICIE	NCIES ID	PROVIDER'S PLAN OF CORRECTIO	ON (XS)	
PREFIX GRACH DEFICIENCY MUST BE PRECEDE TAG RESULATORY OR USC IDENTIFYING INFO	RMATION) PREFIX	CROSS-REFERENCED TO THE APPROP		
		DEFICIENCY)		
C 000 Initia Comments	C 000			
	000			
Report of Biennial Construction Surv	vev by Dennis			
Harrell and Greg Cates on 3-11-201	5.			
Information gathered from the DHSF				
Facility File and LTI databases, show was either first lice sized or submitted	of this facility		1 1	
on 2-1-1955, for 60 leadents, Based	on this	CONSTRUCTION SECTIO	N	
information we are requiring the facil	ity to meet	CONSTRUCTION SECTION	" I	
the 1971 Minimum and Desired Stan		APR 2 0 2015	ĺ	
Regulations, Homes for the Aged an	d Family	APR 20 Com		
Care Homes, the Applicable portions Rules for Adult Care Homes of Seve	of the 2005	RECEIVED		
Beds, and the 1967 North Carolina S		KEOLIVE		
Code Section 409.1 for Institutional E				
C 10) Existing Licensed Fac- No less than	'71 Rules C 101			
SECTION .0300 - PHYSICAL PLANT				
10A NCAC 13F 0301 APPLICATION PHYSICAL PLANT/REQUIREMENT				
The physical plant requirements for e				
care name shall be applied as follow				
(2) Except where otherwise specified	d, existing			
facilities of portions of existi	ng licensed			
requirements in effect at the time of	18 spectruotion			
change in service or bed count, addit	ion.			
renovation, or alteration, however in				
the requirements for any licensed fac				
no addition or renoration has been m				
than those requirements found in the 'Minimum and Desired Standards an				
Regulations" for "Homes for the Aged	and Infirm".			
' copie∰iof which are bava@lable at the D	Division of			
Health Service Regulation, 701 Barbo	our Drive,			
Raleigh, North Carolina, 27603 at no	cost;			
This Rule is not met as evidenced by	.			
1. Based on observation the facility				
Islan of Health Sanica Requistion				
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRES	BENTATIVE'S SIGNATURE	TITLE	(X8) DATE	
Paul brong		OWNER/Ada	4/19/15	
ATE FORM	400 0	17021	If continuation sheet 1 of 6	

C 111 Must Have Current Sen & Fire Safety Reports

o the existing fire allerm system, provided in the close off the conjider near the dining room.

SECTION .0300 PHYSICAL PLANT
10A NCAC 13F .0302 DESIGN AND
CONSTRUCTION(

) The facility shall have current sanitation and
fre and building safety inspection reports which
hall be maintained in the home and available for eview.

C 111

REF: C111 (Items 1-4) Sanitation and fire Safety Inspections reports were emailed to Dennis Homell, DHSR.

ivision of Health Service Regulation TATE FORM

04,	/20/2015 10:2	1 8282647694	MC	OUNTAIN CARE	PAGE 03
Divisio	n of Health Servic	B Regulation			PRINTED: 04/09/2015 FORM APPROVED
AND PLA	NT OF DEFICIENCIES OF CORRECTION	(X) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED
-	 - 	HAL095002	B. WING		03/11/2016
	ROVIDER OR SUPPL	[] [] STREET		STATE, ZIP CODE	
MOUNT	AIN CAME FACILIT	BOONE	AGGVILLE R , NC 28607	OAD	
(X4) ID PREFIX TAG	SUMMARY (BACH DEFICIE REGULATORY C	STATEMENT OF DEFICIENCIES NOT MULT BE PRECEDED BY FULL IR LIC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
C 166	Based on review required inspect the facility. Findings include 1. There was no available for the 2. There was no available for the 3. There was no available, 4. There was no report available, 5. Bathrooms-Must SECTION .0300 10A NCAC 13F .0 ENVIRONMENT (e) The requirem rooms are: (5) The bathroom designed to provitooms with two or commodes) shall curtains for each chower shall have window in the bath window curtain provinces are: This Rule is not in Based on observe window in the bath window curtain provinces are: Housek seping-Massec 10A NCAC 13F .0 URNISHINGS (a) Adult care hore	met as evidenced by: of documents, many of the on reports were not available in Stinitation inspection report kitcher. Sightstion inspection report building. Fire Safety Inspection report Fire Alarm System Inspection Provide Privacy PHYSICAL PLANT 0305 PHYSICAL. Letts for bathrooms and toilet as and toilet rooms shall be de privacy. Bathrooms and toilet as and toilet rooms and toilet as and toilet rooms or water closets I have privacy partitions or water closet. Each tub or a privacy partitions or curtains; and as evidenced by: attent the curtain was torn at the arroom hear room 20. A torn events privacy in the bathroom. Aintained Free of Hazards PHYSICAL PLANT 305 HOUSEKEEPING AND The shall:	C 166	REF: C132 (5) Curtain was replaced	3/27/2015
Vision of Hea	th Service Regulation	12. 1	um 0	T7D21	If continuetion sheet 3 of 6

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Division	of Help	th Service	Regul	tion				
STATEMEN AND PLAN	OF COR	ICIENCIES ECTION	(X1	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
	1 11				A. BUILDING; 01			
				HAL095002	B. WING		03/1	1/2015
NAME OF	ROVIDE	OR SUPPLE	ER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	.L	L		183 GRAC	GVILLE RO	DAD		
MOUNTA	IN CAR	E FACILIT		BOONE, N	NC 28607			
(X4) ID		SUMMARY	БТАТЕ МІ	NT OF DEFICIENCIES	- ID	PROVIDER'S PLAN OF CORRECTION		(X6)
PREFIX	1 4	DULATORY O	R LUCK TO	T BE PRECEDED BY FULL ENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP		COMPLETE
					1	DEFICIENCY)		
C 166	Contr	ued From	раде 3		C 166			
	(5)	maintaine	din ar	uncluttered, clean and				
				all obstructions and				
	hazan							
	(e) Th	is Rule sh	al app	y to new and existing				
- 11	facilité	8,	i					
- 11	H	L	. Rh.	evidended by:				1
- 11				n, a window was cracked		REF: C166 (1) - Window		3/30/2015
- 1				r the kitchen. The edge		glass was replace		' '
				to the touch. A sharp		3		
- 11				ould endanger the				
	reside	nts.						i
						REF: 0166(2) - Vacuum		3 12 2015
	2. Bu	ed on ob	ematic	in, the hose on the shower cross from room 33 was			. 1	` <i>'</i>
	lone	n the tub	oppna earth ti	e tub basin and there was		breaker was install	ed	
				vided. Hoses on water		in shower wand.		
- 11	fixture	that are	one en	ough to reach the flood				
	rim of	the fixture	phese	t the possibility of				
	slphon	ing contah	ninate	water into the water				
	system	uniess a	vacuu	n breaker is installed.				
H	3.	sed on ob	servat	on, there was an open		REF: C166(3) - Open dra	ain	3/16/2015
	drain	the com	drine	r the dining room where a		was capped to se		11-12-13
				emoved. Drains that are		Mas capped to se		
- 11				allow noxious and nter the facility.				
- 11	Comb	Subie gae	E # 10 G	ntor the rounty.			-	
C 189	Buildin	g Equipme	ent Ma	Intained Safe, Operating	C 189			
- 11	SECT	ON 0300	-May	SICAL PLANT				
- 11	10A	CAC 13F	0811	OTHER			i	
	REDNU	IREMENT	SI I					
	(a) ##H	e building	and ell	fire safety, electrical,				
	mechi	inical, and	pieme	ing equipment in an adult ntained in a safe and				
		ome shall ing conditi		ntamed in a sale and				
				ly to new and existing				
	facilitie	s with the	фхсер	tion of Paragraph (e)			1	

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84/	/20/2015 10:21	8282647694 	MOL	INTAIN CARE	FORM AP	GE 05 PROVED
STATE OF THE PARTY	Health Service Recula of DET CIENCIES F CORRECTION	DENTIFICATION NUMBER:	A. BUILDING: 0		(X3) DAYE SU COMPLE	IRVEY TED
	- aupour	STREET ADD	RESS, CITY, S'	TATE, ZIP CODE		1
NAME OF P	NOVIDER OR SUPPLIER	183 GRAG	GVILLE ROA	AD .		
MOUNTAI	N CARE FACILITIES	BOONE, N	C 28607		ion 1	(305)
(X4) ID PREFIX TAG	1 112	ENT OF DEFICIENCIES BY BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CD DE	DATE
C 189	Continued From page which shall not apply to This Rule is not met a Based on observation rated walls and or deli several locations, it of are not sealed with me one-hour fire rated co possibility that a fire th quickly spread to othe Findings include: 1. Holes in the basen pipes. 2. Hole, approximate where a plumbing rep ceiting if the furnace it Hot Water System SECTION .0300 - PH 10A NCAC 13F .0311 REQUIREMENTS (d) The hot water system SECTION .0300 - PH 10A NCAC 13F .0311 REQUIREMENTS (d) The hot water system (d) The hot water system closets and soil utility temperature at all fixth be maintained at a m (36 degrees C) and a F (45.7 degrees C). (k) This Rule shall a facilities with the exception. This Rule is not met	existing facilities. s evidenced by: the required one-hour fire tigs were compromised in a and penetrations that terials approved for use in estruction present the terials approved for use in ent ceiling around water to 12 linches by 20 inches, air had been made in the terials approved for use in the sound in the terials approved for use in the sound in the terials approved in the facilities.		REF: C189 (1) - Fireproof ca Was installed arou Water pipes in bas REF: C189(2) - Fireproofs rock was installe repair hole in fur room cailing.	sheet d to	3/23/2015 7 50/2015
Di delen d	Based on observation available on the wom	there was no hot water en's wing. Fallure to provide	,			

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If continuation sheet 5 of 8

STATE FORM

04/2	0/201	5 10:21	8282647694	MO	UNTAIN CARE	PAGE 06 PRINTED: 04/09/2015 FORM APPROVED	
Division of STATEMENTO AND PLAN OF	Healt OF DEPA CORNE	Service Repul CIENCIES CTION	PROVIDER/SUPPLIER/CLIA DENTIPICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	- 11		HAL095002	B. WING		03/11/2015	
NAME OF PRO	OVIDER	OR SUPPLIER	"		TATE, ZIP CODE		
MOUNTAIN	CARE	FACILITIES		GGVILLE RO NC 28607	AD		
(X4) ID PREFIX TAG	1101	1 102	ENT OF DEFICIENCIES OF BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
h	ot wat	ued From page er at all require idents quality of	fixtures interferes with	C 195	Brooks Plumbing & Hea repaired hot water on the Women's Wing.	ting 3/11/2015	
		And the state of t					
Division of He	aith Ser	vice Regulation					
STATE FORM	111			SERIO	OT7D21	If continuation sheet 8 of 6	